# Annex B: Health Care Users Questionnaire

My name is ………………………..I am part of a team of people who are carrying out research on how accessible is health care to you in the rural areas. To help me to understand the situation, I would like to ask you some questions regarding access to health care. This will take about 30-45 minutes. Your answers will remain confidential, and we will not be taking down your name or address, so your answers will be anonymous. This means that no one will know who gave us these answers. There are no "correct" or “incorrect” answers. Each of your answers will depend on your views and your situation. You are welcome to ask for more details about this study. If you agree to participate in the study we can continue. Please be assured that you are free to withdraw at any time without any disadvantages.

 Date: \_\_\_/\_\_\_/\_\_\_ Start time: \_\_\_:\_\_\_ End time: \_\_\_:\_\_\_

Name of District:……………………………………………Name of Health Centre/clinic: ………………………

|  |  |
| --- | --- |
| A | **General information of respondent** |
| A1 | Respondent is | Male Female  |
| A2 | Position in family | Head of family: Yes No HusbandWife Son/Daughter  |
| A3 | Age of respondent | ............................ |
| A4 | Number of household members *(Tick the ages of members and indicate next to age range, how many members fall in this age range -only members staying at the house for past 1 year or more)* | I day to5 years ………………………………6 – 15 years …………………………………..16 – 45 years …………………………………46 and above ………………………………… |
| A5 | Highest education level in the household | Primary School Secondary School College Certificate Diploma Degree Masters degree  |
| A6 | Employment status of household bread winner/s | Indicate the position of the household member (husband/wife/child) | Full time job | Part-time Job | Self Employed |
| ......................................................................................................................... |  |  |  |
| A7 | Average monthly income for the household | Less than US$100US$100 – 250US$251 – 500US$501 -750 US$751 – 1000US$1000+ |
| A8 | Land status | Owned  Rented Resettlement  Ancient Village  |
| A9 | Type of Livestock and numbers owned | Chickens ……………………. Goats………………………………..Sheep …………………………… Cows …………………………………Donkey ……………………….. Horse ………………………………….  |
| A10 | Which of the following assets does your household have? | Bicycle Ox-drawn or donkey drawn cart Telephone Motorbike Car TelevisionWheelbarrowCell PhoneRadio |

**Existing health care facilities**

|  |  |
| --- | --- |
| B | **Physical Accessibility** |
| B11 | Which health centre/clinic do you visit when in need of health care? **Mark all answers as per response if more than 1** | Hospital Mission hospitalHealth Clinic Local Pharmacy shopTraditional Healer Traditional Birth Attendant |
| B12 | If you attend all the facilities, please state which one do you normally go to visit first. | **………………………………………………………………………****………………………………………………………………………..****………………………………………………………………………….****…………………………………………………………………………****…………………………………………………………………………** |
| B13 | What is the type of the health clinic? | PrivatePublic (government) Mission Company medical facility |
| B14 | During your last visit who attended to you? | Professional Nurse Professional Doctor Village Health Worker |
| B15 | Is the health clinic visited by your household members the nearest one to you? | Yes No  |
| If no, what was the reason not to visit the nearest health facility ?Expensive No doctors Do not trust the staff No medicine/drugsUnfriendly behaviour Religious reasons  |
| B16 | What is the distance in km from your household to the health clinic? | Distance |
| B17 | What type of transport do you use to visit the clinic?*(Tick and indicate time during the two seasons)* |  **In Dry season In Rainy season**Walk: Time taken to reach ................. .................... Bicycle: Time taken to reach ………….... ....................Car: Time taken to reach ………...... ................... Public Transport: Time taken to reach ………… .................. Animal drawn Cart: Time taken to reach ………… .................  |
| B18 | If you use public transport, is it easily available | Yes No  |
| How long do you have to wait to get it ?**..................................** |
| B19 | If you use public transport, can you afford to pay the fare? | YesNo  |
| If no can you explain why ?................................................................……………………………………………………………………………………………………………………………………………………………………………………………………………………. |
| B20 | What is the cost of transport from your home |  |
| B21 | What is the condition of the public transport?**Skip B22 if public transport is used** | Very bad (skorokoro)Safe to travel in Good and comfortable  |
| B22 | If by your own car, who drives? | Drive myselfFamily member or friend drive me My driver drives me  |
| B23 | Is fuel easily accessible? | Yes No  |
| B24 | What is the state of the road? | Potholes No road, cart strips No bridge  |
| B25 | What do you do if you cannot pay for transport and you or someone from your household needs to get to the nearest clinic/hospital? | **…………………………………………………………………………………………………****…………………………………………………………………………………………………..****………………………………………………………………………………………………………..** |
| B26 | What challenges makes your journey to the clinic difficult? | No road Bad road No bridge No transport Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| B27 | Are you able to contact the health facility in case of emergency? | Yes No |
| If yes, what do you use to communicate?........................................................................................................... |
| B28 | In case of emergency, do you have access to an ambulance from the health facility? | Yes No |

**C. Accessibility to health care services at the health centre/clinic**

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| --- | --- |
|  | **Waiting time at the health facility** |
| C29 | How long does it normally take before a nurse attended to you  | 0- 30 minutes 31 mins – 1 hour Between1–2 hours More than 2 hoursNot attended at all |
| Is there a good waiting area?Yes NoIf the answer is no, motivate please **……….................................** |
| C30 | Have you ever been returned without being attended to, what was the reason? | ............................................................................................................................................................................................................................................................................... |
| Did you get treatment the following day?Yes NoIf no, why not?...... |
| C31 | Do you have access to health care at anytime of the day at the clinic that you visit? | Yes No |
| If no which time is the clinic closed?............................................................................................................................................................................................... |
| **Access to health workers** |
| C32 | When did you last seek health care? | **……………………………………………………………………………………** |
| C33 | Where did you seek health care? | **.....................................................................................** |
| C34 | What treatment did you receive the last time you visited the clinic? | **…………………………………………………………………………………..****………………………………………………………………………………….****……………………………………………………………………………………** |
| C35 | What health care services are provided at the clinic**Read responses to the respondents** | Expanded program on immunisation (EPI) Maternal health services (ante and post natal care) Family planning services HIV/AIDS services Voluntary testing and counseling services Treatment of minor ailments and injuries Prevention programs Integrated Management of child Illnesses Malaria Treatment services Tuberculosis treatment services Laboratory services Pharmacy / drug store  |
| C36 | How many nurses are at your clinic? | **…………………………………………………………..** |
| C37 | Is there always a nurse available at the health facility? |  Always Sometimes Never  |
| C38 | How respectful towards you was the nurse who attended to you last time you were at the clinic? **Skip C39 if response is respectful** | Very Respectful fair Not respectful  |
| C39 | If the nurse was not respectful, please explain in what way(s) she was disrespectful to you | ............................................................................................................................................................................................................................................................................................................................................................................................ |
| C40 | Overall, how satisfied were you with the type and quality of care you received from nurses at the clinic? | 5 Very satisfied 4 Satisfied  3 Partly satisfied  **2** Dissatisfied 1 Very Dissatisfied  |
| C41 | How do you view the competency of the staff at the clinic? If excellent skip C42 | Poor Good  Excellent  |
| C42 | If dissatisfied, please explain why you were dissatisfied with the service at your nearest clinic/hospital | ................................................................................................................................................................................................................................................................................................................................................................................................. |
| C43 | Is there any health care service given after hours (between 16h00 and 07h00)? | Yes No  |
| If yes, which types of services are provided?.............................................................................................................................................................................................................. |
| If no explain why? ...................................................................................................................................................................... |
| C44 | If you have a health problem/illness, do you seek traditional help?  | Yes No  |
| If yes, which one? Prophets Traditional healer Traditional birth Assistant . |
|  |
| If no, why not ?.................................................................................................................................................................................... |
| **D. Availability of drugs and equipment** |
| D45 | During the past year, were any of your prescribed medicines unavailable (“out of stock”)? | Yes No  |
| D46 | Do you get drugs at the clinic after consultation with the nurse? **If yes, skip D47** | Yes No  |
| D47 |  If no, where do you get the drugs? | Pharmacy General Dealers Shops Hospital  |
| D48 | How far is the nearest point of drug purchase from your home? | 5km6-10km11**-**15kmmore than 15km |
| D49 | Are you sometimes asked to buy Intravenous fluids from a Pharmacy (drip) when admitted or as in- patient at hospital? | Yes no  |
| If yes how often? ........................................................................................... |
| D50 | Are pregnant women asked to bring suturing threads, needles, cotton, gloves to the clinic for assisted deliveries by nurses? | Yes no  |
| If yes, how often?.............................................................................................. |
| D51 | Are laboratory services available at the clinic/hospital? | Yes no  |
| If no why..not................................................................................. |
| If no, where are these services available? ...................................................................................................... |
| If yes, is it clean?................................................................................................. |
| D52 | Are ambulance services available at the clinic for referrals? | Yes no  |
| If no how are patients transferred to the next referral level? ................................................................................................................................................................................................ |
| **E. Affordability** |
| E53 | Do you pay when you visit the clinic? | Yes No  |
| E54 | How much do you pay when you visit the clinic? | ....................................................... |
| E55  | Do you afford to pay user fees? | Yes No  |
| E56 | If not, what do you do when you are ill? | ...................................................................................................................................................................................................... |
| E57 | Does your household have an insurance card? Medical aid | Yes No  |
| E58 | Does the health clinic staff give treatment on credit? | Yes No  |
| E59 | What do you think should be done to improve the following health services? | Treatment of minor ailments (like flu, nausea, headache, vomiting ect) and injuries ....................................................................................................................................................................................................................................................................................................................................................................................... |
| Integrated Management of child Illnesses …………………………………………………………………………………………… |
| Maternal health services (ante and post natal care) ............................................................................................... |
| Laboratory services …………………………………………………………………………………………… |
| Pharmacy / drug store ...................................................... .............................................................................................  |
| Malaria Treatment services.........................................................................................................................................   |
| Tuberculosis treatment services ................................................................................................................................   |
| Family planning services ............................................................................................. |
| Expanded program on immunisation (EPI) ............................................................................................. |
| HIV/AIDS services ............................................................................................... |
| Voluntary testing and counselling services ............................................................................................... |
| E60 | Which of the listed factors are important to you, to be satisfied with the health care services? *Please rank (1-highest and 6 lowest).* | Reduced travel time.................................Reduced waiting time....................................Reduced costs.............................................Friendliness of health clinic nurses.............................Availability of drugs................................................Availability of medical equipment like gloves, sutures, drips, blood transfusion (IV)........................................ |

**Thank you for your time. I appreciate your participation.**